#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

### STATEMENT OF ECONOMIC INTERESTS TE TRE ASSURED

**COVER PAGE** 

Date Initial Filing Received

NAME OF FILER (LAST)	(FIF	RST)		- Fu 21 - 5' - 1	INISTRATION
Moore	Fr	rank		ADM	IMISTRATION
1. Office, Agency, or Cour	t				
Agency Name (Do not use acro	nyms)		, , , , , , , , , , , , , , , , , , , ,		•
Public Employees Retire	ement System				
Division, Board, Department, Dis	trict, if applicable		Your Position		
-			Designee		
► If filing for multiple positions,	list below or on an attachment.	. (Do not use ac	eronyms)		
Agency: SEE ATTACHED	LIST		Position:		
2. Jurisdiction of Office (	Check at least one box)				
<b>✗</b> State			☐ Judge or Court Cor	nmissioner (Stat	ewide Jurisdiction)
Multi-County			County of		
☐ City of					
	-				
3. Type of Statement (Che	ck at least one box)				
December 31, 201	ed is January 1, 2017, through 17.		Leaving Office: D	ate Left	<u> </u>
-or- The period covere December 31, 201	ed is/	, through	<ul><li>The period cov leaving office.</li></ul>	ered is January	1, 2017, through the date of
Assuming Office: Date as	ssumed/	·			, through
Candidate: Date of Election	n and o	office sought, if o	lifferent than Part 1:		
4. Schedule Summary (m	nust complete) > Tota	al number of	pages including th	is cover pag	e:3
Schedules attached					
Schedule A-1 - Investme					Positions – schedule attached
Schedule A-2 - Investme			chedule D - Income - Gi		
Schedule B - Real Prop	perty – schedule attached	8	cnedule E - Income – Gi	πs – Travel Payı	ments - schedule attached
-Or-	interests on any schedule	^			
	interests on any schedule	<i></i>			
5. Verification  MAILING ADDRESS STR	EET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommer		OH			
915 Capitol Mall Rm 100	6	Sacrame		CA	95814-4801
DAYTIME TELEPHONE NUMBER			MAIL ADDRESS rank Moore@treasu	irer ca dov	
	916 ) 653-3147 Frank.Moore@treasurer.ca.gov  ave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained rein and in any attached schedules is true and complete. I acknowledge this is a public document.  ertify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
herein and in any attached sche					
i certify under penalty of perju	ury under the laws of the Sta	te of California	tnat the foregoing is tru	e and correct.	
Date Signed01/03/20	018 09:05 AM	Sian	ature	Electronic S	ubmission
	nth, day, year)	- 9		ginally signed statemer	nt with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM	700		
FAIR POLITICAL PRACTICES COM	MISSION		
Name			
Frank Moore			

#### **EXPANDED STATEMENT LIST**

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Teacher's Retirement System		Designee	State California	Annual	01/01/17 - 12/31/17
Treasurer's Office		Pension Investment Officer	State California	Annual	01/01/17 - 12/31/17

#### **SCHEDULE A-1 Investments**

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

. M	CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	Name	
Frank Moore	Frank Moore	

•	NAME OF BUSINESS ENTITY INTC - Intel Corporation	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Semiconductor manufacturing	
	FAIR MARKET VALUE  \$\infty\$ \\$2,000 - \\$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000
	NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<b>&gt;</b>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  NATURE OF INVESTMENT  Stock  Other	FAIR MARKET VALUE  \$2,000 - \$10,000
	(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<b>&gt;</b>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
	NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
C	omments:	